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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)Attorney Docket
Number

10/561,618

First Named Inventor

Brenda F. Baker

COMPLETE IF KNOWN

Application Number

CORE0005USA

Filing Date

12/20/2005

Art Unit

not assigned

Examiner Name

not assigned

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

OLIGOMERIC COMPOUNDS FOR USE IN GENE MODULATION*(Title of the Invention)*

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

12/20/2005

as United States Application Number or PCT International

Application Number

10/561,618

and was amended on (MM/DD/YYYY)

12/20/2005

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

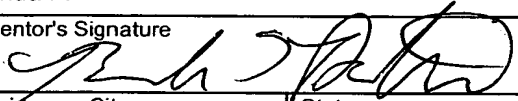
[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> The address associated with Customer Number:		34,138		OR <input type="checkbox"/> Correspondence address below	
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
Brenda F.			Baker		
Inventor's Signature 				Date 4/26/06	
Residence: City		State		Country	
Carlsbad		CA		USA	
				Citizenship	
				United States	
Mailing Address					
2927 Rancho Cortes					
City		State		Zip	
Carlsbad		CA		92009	
				Country	
				United States	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
Inventor's Signature				Date	
Residence: City		State		Country	
				Citizenship	
Mailing Address					
City		State		Zip	
				Country	

☐ Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

POWER OF ATTORNEY And CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/561,618
	Filing Date	12/20/2005
	First Named Inventor	Brenda F. Baker
	Title	OLIGOMERIC COMPOUNDS FOR USE IN GENE MODULATION
	Art Unit	
	Examiner Name	
Attorney Docket Number		CORE0005USA

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint: Practitioners associated with the customer Number:

34,138

As my/our attorney(s) or agent(s) to prosecute the application identified above, and transact all business in the United States Patent and Trademark Office connected therewith.

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City		State		Zip	
Country		Telephone		Facsimile	

☒ I am an inventor:

SIGNATURE(S) of Applicant

1.	Signature		Date	BFB 4/26/06
	Printed Name	Brenda F. Baker	Telephone	760-931-9200

2.	Signature	Date		
	Printed Name	Telephone		

3.	Signature	Date		
	Printed Name	Telephone		

4.	Signature	Date		
	Printed Name	Telephone		

5.	Signature	Date		
	Printed Name	Telephone		

6.	Signature	Date		
	Printed Name	Telephone		

7.	Signature	Date		
	Printed Name	Telephone		

☐ Total of _____ forms are submitted.